CLM

Claim Information: Replacement Claim Requirements

Pos: 130 Max: 1

Loop: 2300 Elements: 20

User Option (usage): Required

To specify basic data about the claim

HSNO Note: HSN Bad Debt claims may not be Replaced. All corrections on Bad Debt claims must occur on the provider's monthly Bad Debt Recovery Report.

Element Summary:

Ref CLM01	Element Name Claim Submitter's Identifier	<u>Req</u> M	<u>Type</u> AN	<u>Min/Max</u> 1/38	<u>Usage</u> Required	Rep 1
HSNO Note: P	Patient Account Number must match origina	l claim				
CLM02	Monetary Amount	М	R	1/18	Required	1
	This is the Total Claim Amount. This amou out can never be negative or zero.	nt can incr	ease			
CLM03 CLM04	Claim Filing Indicator Code Non-Institutional Claim Type Code	0 0	ID ID	1/2 1/2	Not Used Not Used	
CLM05	Health Care Services Location Info	0	Comp		Required	1
CLM05-1	Facility Code Value	М	AN	1/2	Required	1
	HSNO Note: For hospitals this either 11 or 13 (outpatient)					
CLM05-2	Facility Code Qualifier	0	ID	1/2	Required	1
	HSNO Note: Enter A here to indicate UE	3 claim type				
CLM05-3	Claim Frequency Type Code		ID	1/1	Required	1
	To replace a previously submitted claim ent must equal 7.					
CLM06	Yes/No Condition Frequency Type Code	0	ID	1/1	Required	1
	<u>Code</u> <u>Name</u> Y Yes					
	HSNO Note: Provider Signature on File					
CLM07	Provider Accepts Assignment Code	0	ID	1/1	Situational	1
	CodeNameAAssigned					
						1
Ref CLM08	Element Name Yes/No Condition or Response Code	Req O	<u>Type</u> ID	<u>Min/Max</u> 1/1	<u>Usage</u> Required	Rep 1

837_resub_process.xls

837l Replacement Claim

	Y	Yes								
CLM09	Release of Ir	nformation Code	0	ID	1/1	Required	1			
	<u>Code</u>	<u>Name</u>								
	Α	Appropriate Release on File	at Health (Care Provider o	r UR Organization					
	I	Informed Consent								
	M	Limited or Restricted Ability to release								
	N	Not Allowed to release								
	0	On file at Payer or plan								
	Υ	Y Yes, signed statement on file								
CLM10	Patient Signature Source Code		0	ID	1/1	Not Used				
CLM11	Related Causes Information		0	Comp		Not Used				
CLM12	Special Program Code		0	ID	2/3	Not Used				
CLM13	Yes/No Condition Code		0	ID	1/1	Not Used				
CLM14	Level of Service Code		0	ID	1/3	Not Used				
CLM15	Yes/No Condition Code		0	ID	1/1	Not Used				
CLM16	Provider Agreement Code		0	ID	1/1	Not Used				
CLM17	Claim Status Code		0	ID	1/2	Not Used				
CLM18	8 Yes/No Condition Code		0	ID	1/1	Required	1			
	<u>Code</u> Y	<u>Name</u> Yes								
CLM19	Claim Submission Reason Code		0	ID	2/2	Not Used				
CLM20	Delay Reas	on Code	0	ID	1/2	Situational	1			

HSNO Note: May be used by HSN in the future

Example:

CLM*01393000001*5798.65***11:A:7*Y*A*Y*Y*******Y~

<u>Code</u>

<u>Name</u>

CLM Claim Information: Claim Requirements

Void

Pos: 130

2300

Loop:

Elements: 20

Max:

User Option (usage):

Required

To specify basic data about the claim

HSNO Note: HSN Bad Debt claims may not be Voided. All corrections on Bad Debt claims must occur on the provider's Monthly Bad Debt Recovery Report.

Element Summary:

Ref CLM01	Element Name Claim Submitter's Identifier	Req M	<u>Type</u> AN	Min/Max 1/38	<u>Usage</u> Required	Rep 1	
HSNO Note: F	Patient Account Number must match original	claim					
CLM02	Monetary Amount	М	R	1/18	Required	1	
	This is the Total Claim Amount. Do not use bunts here. Must match original claim.						
CLM03 CLM04	Claim Filing Indicator Code Non-Institutional Claim Type Code	O O	ID ID	1/2 1/2	Not Used Not Used		
CLM05	Health Care Services Location Info	0	Comp		Required	1	
CLM05-1	Facility Code Value	М	AN	1/2	Required	1	
	HSNO Note: For hospitals this either 11 (or 13 (outpatient)	HSNO Note: For hospitals this either 11 (inpatient) or 13 (outpatient)					
CLM05-2	Facility Code Qualifier	0	ID	1/2	Required	1	
	HSNO Note: Enter A here to indicate UB	claim type					
CLM05-3	Claim Frequency Type Code	0	ID	1/1	Required	1	
	To void a previously submitted claim this must equal 8.						
CLM06	Yes/No Condition Frequency Type Code	0	ID	1/1	Required	1	
	CodeNameYYes						
	HSNO Note: Provider Signature on File						
CLM07	Provider Accepts Assignment Code	0	ID	1/1	Situational	1	
	CodeNameAAssigned						
						1	
Ref	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>	<u>Rep</u>	
CLM08	Yes/No Condition or Response	0	ID	1/1	Required	1	
	Code 837_res	sub_proce	ess.xls				

	<u>Code</u> Y	Name Yes					
CLM09	Release of Information Code		0	ID	1/1	Required	1
	Code A I M N O Y	Name Appropriate Release on Fi Informed Consent Limited or Restricted Abilit Not Allowed to release On file at Payer or plan Yes, signed statement on	y to releas		er or UR Organiza	ation	
CLM10 CLM11 CLM12 CLM13 CLM14 CLM15 CLM16 CLM17	Related Co Special Pro Yes/No Co Level of Se Yes/No C Provider A Claim Sta	Patient Signature Source Code Related Causes Information Special Program Code Yes/No Condition Code Level of Service Code Yes/No Condition Code Provider Agreement Code Claim Status Code Yes/No Condition Code		ID Comp ID ID ID ID ID ID	1/1 2/3 1/1 1/3 1/1 1/1 1/1 1/1	Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used	1
	Y	<u>Name</u> Yes	0				
CLM19	Claim Sul	Claim Submission Reason Code		ID	2/2	Not Used	
CLM20	Delay Re	ason Code	0	ID	1/2	Situational	1

HSNO Note: May be used by HSN in the future

Example: CLM*01393000001*3258.96***11:A:8*Y*A*Y*Y*******Y~